

Los Alamos National Laboratory JOB ORDER

No.
Date

Requester Information

Name	Z number	Phone	Requesting Group
Tech area	Building	Room	Mail Stop
Cost Center	Program Code		

Item Information & approval

Item to be fabricated

Quantity	Fabricating Group	Estimated Start Date	Estimated Completion Date	Drawing Number
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Order Approval Signature:

Printed Name	Title of Approver	Authority Level \$
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Property Information

Where will equipment be located?

Custodian name	Z number
Will Work order be required for Installation? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, enter WO Number
Will this item become a part of equipment not yet received? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, enter PO or JO Number
Will this item become a part of existing equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, enter Property Number

Statement of Work

Materials List

Cost Information

Cost	Estimated	BUS-1 Use Only	
		Increase/Decrease	Actual
Labor			
Material			
Other (Non-Tax)			
Total Base Cost			

Budget Analyst Signature:	Date
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Property Administrator Signature:	Date
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Property Accounting	Approval	Date Closed	Property Number
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